

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Restoration PAC			FEC IDENTIFICATION NUMBER ▼ C C00571588		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Boulevard Design			Date of Public Distribution/Dissemination 07 / 23 / 2016		
Mailing Address 1320 N. Courthouse Rd. Suite 130			Amount 2000.00		
City Arlington		State VA	Zip Code 22201		Transaction ID : SE.5521
Purpose of Expenditure TV Advertising		Category/Type 004		Date of Disbursement or Obligation 07 / 23 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			827900.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Campaign Solutions			Date of Public Distribution/Dissemination 07 / 25 / 2016		
Mailing Address 117 North Saint Asaph Street			Amount 1500.00		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.5523
Purpose of Expenditure Digital Advertising (production cost)		Category/Type 004		Date of Disbursement or Obligation 07 / 25 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			829400.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Sherry Gaskill</i>			[Electronically Filed]		Date 07 / 25 / 2016

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Campaign Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2016	
Mailing Address 117 North Saint Asaph Street		Amount 8500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5524
Purpose of Expenditure Digital advertising (production cost)	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 837900.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2016	
Mailing Address 116 Craig Road		Amount 1900.00	
City Manalapan	State NJ	Zip Code 07726	Transaction ID : SE.5518
Purpose of Expenditure TV Advertising (production cost)	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2016	
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 807900.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10400.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Sherry Gaskill

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Date

MM / DD / YYYY
07 / 25 / 2016

Signature

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Full Name of Payee Strategic Media Services, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2016		
Mailing Address 1911 North Ft. Myer Drive Suite 400			Amount 800000.00		
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.5516		
Purpose of Expenditure TV Advertising (placement cost)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2016		
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 806000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	800000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	831900.00

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Sherry Gaskill

[Electronically Filed]

Date

MM / DD / YYYY
07 / 25 / 2016

Signature